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INVITED COMMENTARY

Comments regarding 'Vascular Access for Haemodialysis in Patients with Central Vein Thrombosis'

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In a growing number of patients with renal failure, dialysis treatment is initiated with the use of central vein catheters. Despite guidelines recommending the use of arteriovenous fistulae, catheter dialysis with its inherent risk of sepsis and central vein obstruction (CVO) is still employed as vascular access. Jakimowicz and co-workers have addressed this issue and report on the treatment of catheter-induced CVO using a wide variety of surgical reconstructions. During a period of 20 years, a total number of 49 patients were operated, representing the largest published series ever. A mix group of patients with CVO was treated, including 16 patients with secondary procedures after access creation and 33 primary vascular access procedures. Prosthetic graft implantation with outflow to the subclavian, jugular, iliac and caval veins was employed with remarkable good outcome. Primary and secondary patency rates were 85 and 96% at one year, and 75 and 92% at 3 years of follow up, respectively. These are excellent results as compared to data from the literature. As far as can be deducted from the few reports on small patient groups the results of surgical reconstructions of mediastinal veins are better than those of interventional radiology.[1–3] These procedures, however, always mean major surgery. Therefore guidelines do advise endovascular intervention as a primary option for CVO. In this lies the main weakness of the present study. Endovascular intervention was not offered to the patients, because of lack of the possibility and experience to perform radiological interventions. One may consider this a valid argument for the beginning of the study period, but not for patients treated in recent years. Endovascular therapy remains the first option for the treatment of CVO and the outcome of angioplasty with or without stent placement is very acceptable.[4–6]

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